AGENDA BEHAVIOR--BEYOND REALITY ORIENTATION

A. Summary

The concept of agenda behavior, or the resident's plan of action and emotions/needs related to this plan, presents an exciting new challenge to caregivers. Looked at from this perspective, the confused behavior makes sense and can be intelligently and compassionately managed. If the steps outlined below are implemented, the need for physical and chemical restraints should significantly decrease in moderately to severely confused residents.

B. Verbal and Nonverbal Agenda Behavior

1. Definition- Planning and behavior which cognitively impaired resident uses in an attempt to meet his/her felt social, emotional, or physical needs at a given time.

Agenda behavior includes:

a. Resident's plan of action(s).
b. Emotion/needs related to plan of action(s).

2. Behavior of resident may or may not be related to current reality or staff's agenda.

3. Etiology of Problematic Agenda Behavior

a. Resident's fear of separation from people and environment he/she was previously most connected to an comfortable with.
b. Frustration resulting from a thwarted agenda.
c. Need to feel useful, needed, and of service.

C. Specific Steps in Listening and Attending to Problematic Agenda Behavior

1. Face the resident and make direct, genuine eye contact, if this does not threaten the resident.

2. Touch gently on the arm, shoulder, back or wrist if the resident does not move away.

3. Listen to what the resident is communicating, both verbally, nonverbally and emotionally. Link his/her behavior to feelings (e.g., "You're yelling. Are you

or state the identified need or emotion (e.g., "You're concerned that your family won't be fed?" or "You want to go

6. If repeating phrases and/or feelings is insufficient to distract the resident from problematic behavior such as leaving the building (i.e., she/he is now out the door!), then accompany him/her with his agenda while connecting behavior of repeating phrases and identifying and stating the underlying emotions.

7. Provide orienting information only if it helps. If this increases distress, as it often does, refrain from orienting the resident to the present situation.

8. At intervals redirect/distract the resident back into the facility with a statement such as, "Let's walk this way now," "My legs are getting tired. Are yours?"

9. Look for opportunities to guide the person back into the building and still allow him to save face.

From Rader, Doan, & Schwab, "*How to Decrease Wandering, A Form of Agenda Behavior*." Geriatric Nursing Vol. 6, NO. 4, July/August 1985, p. 196-199.